

RECEIVED

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

RECEIVED  
STATEMENT OF ECONOMIC INTERESTS  
FAIR POLITICAL PRACTICES COMMISSION

Date Received  
FEB 29 2012

2012 FEB 29 PM 3:51

COVER PAGE



BY:

*[Signature]*

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Portantino Anthony

**1. Office, Agency, or Court**

Agency Name  
State Assembly  
Division, Board, Department, District, if applicable  
District 44  
Your Position  
Assembly Member

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

☒ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)  
☐ Multi-County \_\_\_\_\_ ☐ County of \_\_\_\_\_  
☐ City of \_\_\_\_\_ ☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.  
-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2011.  
☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)  
☐ The period covered is January 1, 2011, through the date of leaving office.  
☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.  
☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
☒ Candidate: Election Year 2016 Office sought, if different than Part 1: State Senate

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 10

☒ Schedule A-1 - Investments - schedule attached ☒ Schedule C - Income, Loans, & Business Positions - schedule attached  
☐ Schedule A-2 - Investments - schedule attached ☒ Schedule D - Income - Gifts - schedule attached  
☒ Schedule B - Real Property - schedule attached ☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed 2/29/12  
(month, day, year)

Signature

**SCHEDULE A-1****Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Anthony Portantino

## ▶ NAME OF BUSINESS ENTITY

The Walt Disney Company

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Entertainment/Consumer Products

## FAIR MARKET VALUE

☐ \$2,000 - \$10,000☒ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

## NATURE OF INVESTMENT

☒ Stock☐ Other

(Describe)

☐ Partnership☐ Income Received of \$0 - \$499☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/11  
ACQUIRED\_\_\_\_/\_\_\_\_/11  
DISPOSED

## ▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

## FAIR MARKET VALUE

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

## NATURE OF INVESTMENT

☐ Stock☐ Other

(Describe)

☐ Partnership☐ Income Received of \$0 - \$499☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/11  
ACQUIRED\_\_\_\_/\_\_\_\_/11  
DISPOSED

## ▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

## FAIR MARKET VALUE

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

## NATURE OF INVESTMENT

☐ Stock☐ Other

(Describe)

☐ Partnership☐ Income Received of \$0 - \$499☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/11  
ACQUIRED\_\_\_\_/\_\_\_\_/11  
DISPOSED

## ▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

## FAIR MARKET VALUE

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

## NATURE OF INVESTMENT

☐ Stock☐ Other

(Describe)

☐ Partnership☐ Income Received of \$0 - \$499☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/11  
ACQUIRED\_\_\_\_/\_\_\_\_/11  
DISPOSED

## ▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

## FAIR MARKET VALUE

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

## NATURE OF INVESTMENT

☐ Stock☐ Other

(Describe)

☐ Partnership☐ Income Received of \$0 - \$499☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/11  
ACQUIRED\_\_\_\_/\_\_\_\_/11  
DISPOSED

## ▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

## FAIR MARKET VALUE

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

## NATURE OF INVESTMENT

☐ Stock☐ Other

(Describe)

☐ Partnership☐ Income Received of \$0 - \$499☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/11  
ACQUIRED\_\_\_\_/\_\_\_\_/11  
DISPOSED

Comments:

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Anthony Portantino

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

1396 Milano Drive #1

CITY

West Sacramento

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/11  
ACQUIRED

\_\_\_\_/\_\_\_\_/11  
DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☒ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

Jared Huffman

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/11  
ACQUIRED

\_\_\_\_/\_\_\_\_/11  
DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Anthony Portantino</u>

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Warner Brothers Consumer Products</u>	NAME OF SOURCE OF INCOME <u>State of California/State Assembly</u>
ADDRESS (Business Address Acceptable) <u>4000 Warner Blvd. Burbank, CA 91522</u>	ADDRESS (Business Address Acceptable) <u>State Capitol, Sacramento, CA 95814</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Entertainment/Consumer Products</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>State Government</u>
YOUR BUSINESS POSITION <u>Director/Spouse</u>	YOUR BUSINESS POSITION <u>Assembly Member</u>
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <span style="margin-left: 150px;">(Real property, car, boat, etc.)</span> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <span style="margin-left: 150px;">(Describe)</span>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <span style="margin-left: 150px;">(Real property, car, boat, etc.)</span> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <span style="margin-left: 150px;">(Describe)</span>

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		
_____		
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
	<input type="checkbox"/> Real Property _____	Street address
HIGHEST BALANCE DURING REPORTING PERIOD		_____
<input type="checkbox"/> \$500 - \$1,000		City
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	(Describe)

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Anthony Portantino</u>

► NAME OF SOURCE

NBC Universal Studio

ADDRESS (Business Address Acceptable)

100 Universal City Plaza Universal City CA 91608

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 21 / 11</u>	<u>\$ 25.00</u>	<u>Lunch</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

John Perez

ADDRESS (Business Address Acceptable)

777 S. Figueroa St, #4050 Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Speaker of the Assembly

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 1 / 11</u>	<u>\$ 65.00</u>	<u>Wine</u>
<u>2 / 8 / 11</u>	<u>\$ 10.00</u>	<u>Dinner Beverage</u>
<u>2 / 9 / 11</u>	<u>\$ 84.30</u>	<u>Caucus Jacket</u>

► NAME OF SOURCE

Bay Bio

ADDRESS (Business Address Acceptable)

400 Oyster Point Blvd. #221 S. San Francisco, 92037

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Biotech Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 1 / 11</u>	<u>\$ 118.11</u>	<u>Reception Dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

California Issues Forum

ADDRESS (Business Address Acceptable)

1717 I Street Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non Profit Issues Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 31 / 11</u>	<u>\$ 92.00</u>	<u>Dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

California Healthcare Institute

ADDRESS (Business Address Acceptable)

888 Prospect St. # 220 La Jolla, CA 92037

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 1 / 11</u>	<u>\$ 118.11</u>	<u>Reception/Dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

SCE Edison

ADDRESS (Business Address Acceptable)

2244 Walnut Grove Ave. Rosemead, CA 91770

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Energy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 7 / 11</u>	<u>\$ 29.65</u>	<u>LGBT Reception Host</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Anthony Portantino</u>

► NAME OF SOURCE

State Building Trades Council

ADDRESS (Business Address Acceptable)

1225 8th Street # 375 Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Building Trades Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 25 / 11</u>	\$ <u>          </u>	<u>Reception</u>
<u>  /  /  </u>	\$ <u>          </u>	<u>                  </u>
<u>  /  /  </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE

California Credit Union

ADDRESS (Business Address Acceptable)

701 N. Brand Blvd. Glendale CA 91203

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Credit Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 12 / 11</u>	\$ <u>36.00</u>	<u>Dinner</u>
<u>  /  /  </u>	\$ <u>          </u>	<u>                  </u>
<u>  /  /  </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE

Healthcare Foundation at Glendale Adventist Hosp

ADDRESS (Business Address Acceptable)

1509 Wilson Terrace Glendale CA 91206

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Hospital Non Profit Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 17 / 11</u>	\$ <u>350.00</u>	<u>Reception Fundraiser</u>
<u>  /  /  </u>	\$ <u>          </u>	<u>                  </u>
<u>  /  /  </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE

California New Car Dealers Association

ADDRESS (Business Address Acceptable)

701 N. Brand Blvd. Glendale CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Car Dealer Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 29 / 11</u>	\$ <u>107.52</u>	<u>Reception</u>
<u>  /  /  </u>	\$ <u>          </u>	<u>                  </u>
<u>  /  /  </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE

Farmers Group Inc.

ADDRESS (Business Address Acceptable)

1201 K Street #1220 Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 12 / 11</u>	\$ <u>57.65</u>	<u>Reception</u>
<u>  /  /  </u>	\$ <u>          </u>	<u>                  </u>
<u>  /  /  </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE

Consumer Attorneys of California

ADDRESS (Business Address Acceptable)

770 L St. Suite 1200 Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Attorney Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 2 / 11</u>	\$ <u>150.00</u>	<u>Dinner</u>
<u>5 / 3 / 11</u>	\$ <u>15.69</u>	<u>Reception</u>
<u>11 / 12 / 11</u>	\$ <u>175.00</u>	<u>Dinner</u>

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Anthony Portantino
---

► NAME OF SOURCE  
California Democratic Party

ADDRESS (Business Address Acceptable)  
1401 21st Street # 200 Sacramento CA 95811-5221

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Party Politics

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 8 / 11	\$ 117.09	Caucus Dinner
/  /	\$	
/  /	\$	

► NAME OF SOURCE  
CA Council on Science and Technology

ADDRESS (Business Address Acceptable)  
5005 La Mart Dr. # 105 Riverside CA 92507

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Non Profit Science Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 15 / 11	\$ 114.98	Fellowship Reception
5 / 31 / 11	\$ 88.28	Reception
/  /	\$	
/  /	\$	

► NAME OF SOURCE  
Wine Institute

ADDRESS (Business Address Acceptable)  
915 L Street # 1400 Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
California Wine Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 7 / 11	\$ 48.79	Reception
/  /	\$	
/  /	\$	

► NAME OF SOURCE  
CA Coalition Against Sexual Assault

ADDRESS (Business Address Acceptable)  
1215 K Street Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Anti Sexual Assault Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 7 / 11	\$ 41.20	Award Reception
/  /	\$	
/  /	\$	

► NAME OF SOURCE  
California State Council of Laborers

ADDRESS (Business Address Acceptable)  
1121 L Street # 502 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Building Trade Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 15 / 11	\$ 32.18	Reception
/  /	\$	
/  /	\$	

► NAME OF SOURCE  
CA State Floral Association

ADDRESS (Business Address Acceptable)  
1225 8th Street #375 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
California Flowers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 25 / 11	\$ 16.95	Flowers for Office
/  /	\$	
/  /	\$	

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Anthony Portantino
---

► NAME OF SOURCE

California Association of Realtors

ADDRESS (Business Address Acceptable)

525 S. Virgil Ave. Los Angeles CA 90020

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Realtor Trade Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 4 / 11	\$ 49.00	Reception
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Tournament of Rose Association

ADDRESS (Business Address Acceptable)

391 S. Orange Grove Pasadena CA 91105

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Parade & Game Non Profit Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 1 / 11	\$ 290	2 Game Tickets
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Pasadena City College

ADDRESS (Business Address Acceptable)

1570 East Colorado Blvd. Pasadena CA 91106

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Community College

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 24 / 11	\$ 50.00	District College Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

LA County Division League of Cities

ADDRESS (Business Address Acceptable)

PO Box 1444 Monrovia CA 91017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

City Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 4 / 11	\$ 45.00	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

City of La Canada

ADDRESS (Business Address Acceptable)

1327 Foothill Blvd. La Canada CA 91011

BUSINESS ACTIVITY, IF ANY, OF SOURCE

City Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 10 / 11	\$ 50.00	District City Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

AIPAC

ADDRESS (Business Address Acceptable)

6310 San Vicente Blvd. #275 Los Angeles CA 90048

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Israel & World Affairs

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 27 / 11	\$ 100.00	Reception/Dinner
/ /	\$	
/ /	\$	

Comments: \_\_\_\_\_



# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Anthony Portantino
---

► NAME OF SOURCE

West San Gabriel Valley Association of Realtors

ADDRESS (Business Address Acceptable)

1039 East Valley Blvd. #B205 San Gabriel CA 91776

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Realtor Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 4 / 11	\$ 25.00	Lunch
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments:

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Anthony Portantino

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE  
California Contract Cities Association

ADDRESS (Business Address Acceptable)  
11027 Downey Ave.

CITY AND STATE  
Downey, CA 90241

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)  
Local Government Seminar

DATE(S): 05 / 13 / 11 - 05 / 15 / 11 AMT: \$ 600.00  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel  
☐ Other - Provide Description  
Lodging and meals

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description

Comments: \_\_\_\_\_